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ABSTRACT

Early and Periodic Screening, Diagnosis and Treatment (EPSDT) is a program of preventive health services available to individuals under 21 years of age who are eligible for Medicaid benefits. As of July 1, 1973, all states operating a Medicaid program were required to provide EPSDT services to all those eligible. The purpose of this module is to assist states in their implementation of training programs for workers involved in the EPSDT program. The module includes step by step information designed to enable workers to understand their particular EPSDT program; to arouse their client's interest in the program; and to explain the program and how to enter it to their clients in effective terms. The worker studying the module is encouraged to test his or her own understanding by completing a series of feedback and self assessment exercises found after each self-teaching unit and at the end of the module. (GC)

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ED147374

Marketing EPSDT to Clients

A SELF-INSTRUCTIONAL MODULE FOR

Early
Periodic
Screening
Diagnosis
Treatment

UD 017 317

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A SELF-INSTRUCTIONAL MODULE FOR

Early Periodic Screening Diagnosis Treatment

by:

JOHN L. SIMON, M.P.A.

PATRICIA McARDLE, Ed.D.

Prepared by the Office of Extramural Health Programs, Harvard School of Public Health under Contract SRS 47-P-05360/1-01, Social and Rehabilitation Service, Region I, U.S. Department of Health, Education, and Welfare.

JUNE 1975

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U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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FOREWARD

The purpose of this self-instructional module is to assist States in their implementation of training programs for workers involved in the Early and Periodic Screening, Diagnosis, and Treatment program (EPSDT).

Project staff met with representatives from Social Service, Income Maintenance, Training and EPSDT units in the six New England States to assess the EPSDT training needs of their programs. It became clear that each state administers EPSDT differently as a result of the peculiar constraints and resources present in its environment. In addition, opportunities for training as well as training resources were as varied as the programs themselves.

Therefore, to be maximally effective and broadly useful, the self-instructional modular approach has been used. That is, a state may utilize this module in training by simply distributing it to the workers involved. Or, this module can be enhanced by use with a trainer in a formal training session (e.g. new employee orientations, in-service training, or "update" orientations). A Trainer's Guide accompanies this module for this latter purpose.

Moreover, states may decide either to train workers in the complete module or train different categories of workers in different modular units.

This module, in draft format, was presented at a regional workshop to EPSDT program representatives from Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont. The realistic feedback from these representatives was used in modifying the original draft into its present form.

Finally, I would like to extend my appreciation to the project staff: Kathy West, Carol DiNucci, Richard Dodds, M.D., and R. Heather Palmer, M.D.; to the Project Officer, Terry Smith, SRS, Region I, and to the EPSDT program staff, Daniel DeMatteis, Art Mazer, Cheryl Santos and Marla Khan, SRS, Region I.

H. Richard Nesson

H. Richard Nesson, M.D.
Director
Office of Extramural Health Programs
Harvard School of Public Health

June 1975

INTRODUCTION

You may find it odd that the word "marketing" is used in the title of this module. Marketing is a term taken from the world of advertising; it means "selling". While you are not in the business of selling detergent, or toothpaste, or automobiles, part of your job is (in essence) selling or marketing. Although you are not marketing a product, you are marketing social programs, whether it be EPSDT, food stamps, comprehensive child health services, etc.

Many of the problems that traditional salesmen encounter in the selling of their products are not too dissimilar from some of the problems you have probably encountered in interesting a recipient in one of the programs supported by your state.

For instance:

YOU MUST KNOW AND UNDERSTAND YOUR PRODUCT OR PROGRAM

YOU MUST BE ABLE TO AROUSE CLIENT'S INTEREST IN PARTICIPATING IN YOUR PROGRAM

YOU MUST EXPLAIN YOUR PROGRAM IN WORDS UNDERSTANDABLE BY CLIENT

YOU MUST BE ABLE TO EXPLAIN HOW TO PARTICIPATE IN YOUR PROGRAM

The objective of this module is to help you in marketing the EPSDT program to eligible recipients. After completing this self-instructional booklet, you should be able to understand the purpose of EPSDT and to present the EPSDT program in terms relevant to a client's situation in a brief period of time, hopefully interesting the client to participate in EPSDT.

ABOUT THIS BOOKLET

This booklet is a self-instructional module in "Marketing EPSDT to Clients." It represents somewhat of a different instructional strategy than you may be accustomed to. It is a combination of textbook, workbook, and programmed learning. It has been designed so that you can learn how to market EPSDT at your own pace, by yourself.

The booklet includes feedback exercises and a self-assessment. The feedback exercises are spaced throughout this module so that you can evaluate yourself on what you have learned as you go along. The self-assessment is the last exercise in the module. If you complete the self-assessment with 100% accuracy, there is no need to do further work in this booklet. If you are not satisfied with your self-assessment evaluation, use the information provided with the self-assessment and re-read those sections of the module that you didn't understand.

Finally, people who have already used this module have said that not only did they learn about EPSDT, but they had some fun while doing it. We hope you, too, enjoy working through this booklet.

The ultimate purpose, however, is that you should be better able to market EPSDT to clients and refer their children for preventive health services.

NOTE

The term "worker" is used throughout this booklet. We have used it in the interest of brevity. It applies to any category of worker involved in a state's EPSDT program who might be given the responsibility of marketing the EPSDT program. Different states may delegate this responsibility to similar categories of workers, but use different job titles for these workers.

In general, therefore, "worker" as used in this booklet applies to:

- Income Maintenance Worker
- Assistance Payments Technician
- Intake & Referral Worker
- Eligibility Technician
- Resource Investigator
- Social Worker
- Case Aide
- Medical Assistance Program Advisor

In addition, some states contract with screening, outreach, or other human service agencies to market the EPSDT program. Such agencies might find portions of this module useful in the training of their workers. So, the term "worker" may also apply to:

- Outreach Worker
- Health Agency Worker
- Community Worker

If you were given this booklet to complete, the term "worker," as we have used it, probably applies to you.

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UNIT
A
KNOWING AND UNDERSTANDING
YOUR PROGRAM

WHAT Is

E P S D T

?

The New Times

EPSDT IS A LAW

Preventive Health Services for Children

HEALTHVILLE, U.S.A., May 21, 1975 — MEDICAID is the name used to describe the medical assistance program of Title XIX (Title 19) of the Social Security Act. This program, passed by Congress in 1965, is a federal-state partnership. That is, both the participating state and the federal Department of Health, Education and Welfare share the costs of providing medical services to certain categories of low-income and/or disabled persons.

In 1967, the MEDICAID law (Title 19) was amended to include a program of PREVENTIVE HEALTH SERVICES to be made available to children under 21 years of age who are eligible for for Medicaid benefits.

This program of preventive services is called the EARLY and PERIODIC, SCREENING, DIAGNOSIS and TREATMENT program (EPSDT).

Its target population is children under 21 years old. These amendments to Title 19 required the inclusion of the EPSDT program into a state's MEDICAID program.

On February 7, 1972, all states operating a MEDICAID program were required to provide Early and Periodic Screening, Diagnosis, and Treatment, at least for children under six years old.

By July 1, 1973 all states operating a MEDICAID program were required to provide Early and Periodic Screening, Diagnosis, and Treatment services to all Medicaid eligibles under 21 years old.

DEFINITIONS

WHAT IS SCREENING ?

WHAT IS DIAGNOSIS ?

WHAT IS TREATMENT ?

WHAT IS EARLY ?

WHAT IS PERIODIC ?

WHAT IS SCREENING

?

What is SCREENING ?

Screening is:

DEFINITION

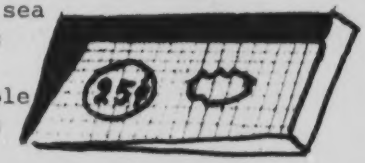
The use of quick and simple procedures carried out by health professionals to sort out apparently healthy persons from those who have a disease or abnormality.

PURPOSE

The immediate purpose of screening is to identify those persons in need of more definitive study (DIAGNOSIS) of their physical or mental problems.

CONCEPT OF SCREENING

Many of us have seen beachcombers sifting sand through a wire grid or mesh screen. The beachcomber lets the sand slip through the holes of the screen so that small sea shells (or coins swimmers lose in the sand) remain on top of the screen unable to pass through the holes in the screen.



Health screening uses the same concept as a sandbox screen. Rather than wire mesh forming the structure of the screen, however, certain values of laboratory tests or medical procedures provide the structure of the screen. People who have laboratory tests within the "normal" range of values pass through the screen. People whose lab test results are not normal are termed POSITIVE, and do not fit through the "screen" of lab tests and procedures. In this way, positive screening results identify those people who need further study or diagnosis. It is important to understand, however, that just as extra large bits of sand cannot fall through the sandbox screen (even though they are sand particles), some people have screening results which are positive but who are, indeed,

normal and healthy. These types of results are termed false positives, because although these screening test values are not within the "normal range", these people are not really ill. False positives occur because the "normal range" for screening test results are based upon screening results from large groups of people. Therefore, all individual differences in screening results among truly normal people are not always taken into consideration.

It is important, therefore to refer all people with positive screening results for diagnostic services. Only through more detailed and refined medical study can the true positives (people who are ill) be distinguished from false positives (people who are actually healthy, although their screening results are positive).

You should also know that just as there is a small percentage of individuals with false positive results, there is also a small percentage of individuals with false negative (or normal) results. That is, some people may have a disease but their screening results are normal (or negative). This, however, is a small percentage of people. Yet it is a limitation of screening.

SUMMARY

In summary, screening is the use of quick tests and brief procedures to detect the early stages of physical and mental disease. The immediate purpose of screening is to identify persons whose health problems require diagnosis or further study. The ultimate purpose of screening is to prevent disease, chronic illness, and disability.

WHAT IS DIAGNOSIS

?

What is DIAGNOSIS ?

Diagnosis is:

DEFINITION

The combined use of health histories

- physical, developmental, and psychological examinations
- laboratory tests
- X-rays

to determine the nature or cause of physical or mental disease or abnormality.

PURPOSE

Diagnosis has two purposes in the EPSDT program:

purpose one - To confirm the positive results of screening tests and to detect false positive results.

purpose two - To develop a plan for treating the disease or abnormality based on its nature or cause.

CONCEPT OF DIAGNOSIS

Although, in some instances, a preliminary or initial diagnosis may be made at the time of screening, it will usually be necessary to refer the patient to an appropriate health practitioner (or medical facility) for definitive evaluation and final diagnosis. Also, in some State programs, the screening provider may "refer" the child to himself for diagnosis and treatment. Sometimes screening, diagnosis, and treatment services are provided at the same place and time during one visit.

WHAT IS TREATMENT

?

WHAT IS TREATMENT?

Treatment is:

DEFINITION

The use of:

- physician's services
- dentist's services
- optometrist's services
- X-ray therapy
- speech therapy
- rehabilitative therapy
- drugs, medicines, vaccines
- eyeglasses
- hearing aids
- prosthetic services

in remedying the patient's disease or abnormality.

PURPOSE

To prevent, correct, or limit (minimize) diseases or abnormalities detected by screening and diagnostic procedures.

CONCEPT OF TREATMENT

When screening children to detect those who have not had their immunizations appropriate for their age, a child may be discovered who has not received polio vaccine. The treatment indicated is to give the child the Sabin polio vaccine. Here, the purpose is to <u>prevent</u> the child from getting polio.

When screening children for vision, a child may be detected with myopia (near-sightedness), treatable with prescription eyeglasses. Here, the purpose is <u>to correct</u> the child's vision and to <u>limit</u> the further deterioration of his eyes.

WHAT IS EARLY

?

WHAT IS EARLY ?

Early means:

DEFINITION

1. As early as possible in a child's life in the case of a family already receiving assistance.

2. As soon as a family's eligibility for assistance has been established.

PURPOSE

To screen and diagnose disease and abnormalities early enough so that treatment can be effective.

CONCEPT OF EARLY

The earlier in a child's life that a disease or abnormality can be discovered, the more probable it is that with proper treatment that child can reach his (her) maximum potential as an adult. A child with a developmental problem or hearing loss which goes undetected or untreated will derive little from the usual public school education which is geared to normal, healthy children.

WHAT IS PERIODIC

?

WHAT IS PERIODIC ?

Periodic means:

DEFINITION	Certain screening tests or procedures repeated at prescribed intervals of time.
PURPOSE	To assure that disease or disability is not present or beginning to develop.
CONCEPT OF PERIODIC	Children are supposed to attain different developmental characteristics as they mature. If a 1 year old infant is screened for appropriate development of coordination and is rated normal, only a periodic screening examination for development every year or every other year will assure the continued normal growth and development or detect abnormalities in growth.

DO NOT CONTINUE UNTIL YOU COMPLETE THIS;

FEEDBACK EXERCISE #1

1. *EPSDT means*
   *E*_____ *and P*_____ *S*_____, *D*_____,
   *and T*_____ *(complete the words)*

2. *Give the two definitions of the word "early" as used in the EPSDT program.*
   a.
   b.

(choose the one best answer)

3. *The EPSDT program is*
   a. a part of a State's Medicaid program
   b. a substitute for a State's Medicaid program
   c. in addition to a State's Medicaid program
   d. a Federal/State program for the eradication of lead poisoning

4. *The target population for the EPSDT program is*
   a. Medicaid eligible children under 6 years old
   b. Medicaid eligible children between 6 and 21 years old
   c. All Medicaid eligible individuals, regardless of age
   d. Medicaid eligible children under 21 years old

5. *A principle purpose of screening is to*
   a. diagnose disease
   b. identify those persons in need of more definitive study
   c. prepare patients for emergency surgery
   d. treat acute infectious illness
   e. immunize a population against a particular disease

6. *In a screening procedure, false positives are*
   a. people who are actually ill and have positive screening results
   b. people who are actully ill but have negative screening results
   c. people who are not ill but have positive screening results
   d. people who are not ill but have negative screening results
   e. people who are positive about the need for screening, but do not get screened themselves.

7. *Why are screening procedures done periodically?*

8. *Define <u>Diagnosis</u> as it is used in the EPSDT program.*

9. *Define <u>Treatment</u> as it is used in the EPSDT program.*

ANSWERS TO FEEDBACK EXERCISE #1

1. Early and Periodic Screening, Diagnosis, and Treatment

2. a. as early as possible in a child's life in the case of a family already receiving assistance.

   b. as soon as a family's eligibility for assistance has been established.

3. a

4. d

5. b

6. c

7. To assure that disease or disability is not present or beginning to develop.

8. The combined use of
   - health histories
   - physical, developmental, and psychological examinations
   - laboratory tests
   - X-rays

   to determine the nature or cause of physical or mental disease or abnormality.

9. The use of
   - physicians' services
   - dentists' services
   - optometrists' services
   - X-ray therapy
   - speech therapy
   - rehabilitative
   - drugs, medicines, vaccines
   - eyeglasses
   - hearing aids
   - prosthetic services

in remedying the patient's disease or abnormality.

NOTE: If you answered any questions incorrectly, re-read the previous section.

What Diseases or Abnormalities Do We Screen For?

The content of health screening for EPSDT varies from State to State. For instance, some communities have virtually no cases of tuberculosis (TB), so TB screening is not routine. Also, only certain portions of the population will be screened for certain diseases. For instance, only clients of Afro-American or Middle Eastern descent might be screened for sickle cell disease.

> You should be thoroughly familiar with the content of your state's screening examination for EPSDT. Ask for a copy of your state's EPSDT screening form.

On the following pages, the usual components of a screening examination are listed, with the purposes of each. With this information and knowledge of your State's EPSDT screening requirements, you should be able to describe to your clients what to expect at a screening visit.

CONTENT OF USUAL SCREENING EXAMINATION

INTERVIEW

IMMUNIZATION STATUS

DENTAL DISEASE TREATMENT

EYE PROBLEMS

HEARING

GROWTH ASSESSMENT

DEVELOPMENT

TUBERCULIN SENSITIVITY

BACTERIURIA

ANEMIA

INCREASED LEAD ABSORPTION

SICKLE CELL DISEASE

SICKLE CELL TRAIT

SCREENING FOR:	PURPOSE:
INTERVIEW Medical history Physical examination	to discover those diseases and health problems for which no standard screening test has been developed, including evidence of child abuse and/or neglect
IMMUNIZATION STATUS Diptheria Tetanus Whooping Cough (Pertussis) Polio Measles (Rubeola) German Measles (Rubella) Mumps	to ensure that every child is protected from preventable diseases at the earliest possible age
DENTAL DISEASE TREATMENT	since it can be predicted that almost all children will need definitive dental diagnostic procedures and treatment, the purpose of dental screening is: to assure access to dental care, to establish a permanent dental record and to periodically refer child back to dentist for evaluation and treatment
EYE PROBLEMS	to detect potentially blinding diseases and visual impairments which will interfere with the development and education of the child
HEARING	to identify children who have reduced hearing sufficient to interfere with their social and educational contacts and responses
GROWTH ASSESSMENT	to help detect diseases or conditions which interfere with normal growth (for example, undernutrition or neglect)

SCREENING FOR:	PURPOSE
DEVELOPMENT	to identify children who have significant deviations in psychological, neurological, emotional, or physical development.
TUBERCULIN SENSITIVITY	to prevent disease due to infection with tuberculosis. Unless infected children are treated, some of them will develop tuberculosis, usually many months or years after initial infection. The number of TB cases is approximately six times higher among non-whites than among whites
BACTERIURIA	to identify individuals who have urinary tract infections, but no symptoms (more common in females than males). Undetected urinary tract infections can lead to permanent kidney damage.
ANEMIA	to identify and revise the nutritional practices which can lead to iron-deficiency anemia and other forms of chronic anemia
INCREASED LEAD ABSORPTION	to prevent disability and death from lead poisoning
SICKLE CELL DISEASE	to prevent severe and life-threatening complications in persons with this disease
SICKLE CELL TRAIT	to offer parents and prospective parents information and understanding which they may need to make informed decisions about reproduction.

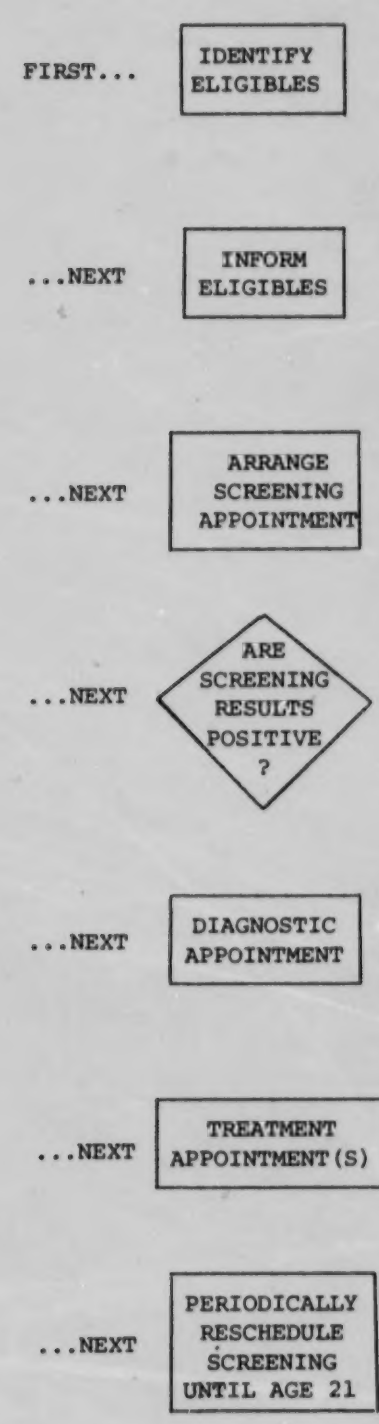
How Does

EPSDT Work

?

HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:



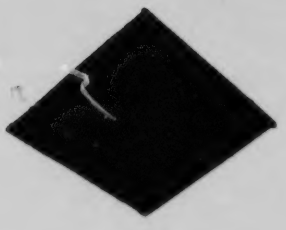
HOW DOES THE EPSDT PROGRAM WORK?

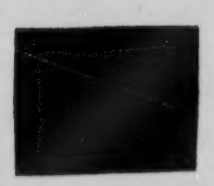
Sequence of events:

FIRST... IDENTIFY ELIGIBLES

This is usually done at the State level for families already receiving assistance. It is done at the local welfare office for newly-determined eligible families.

WHAT'S NEXT ?





HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:

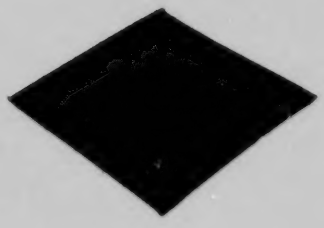
IDENTIFY ELIGIBLES

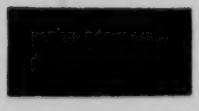
...NEXT

INFORM ELIGIBLES

For those eligibles already receiving assistance, the State or local agency may send a notice about EPSDT or include a notice with the assistance check. For newly-determined eligibles, it is the responsibility of the welfare worker to personally inform the client about EPSDT. Also, some states have run television, radio, or newspaper advertisements about the program.

WHAT'S NEXT ?





HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:

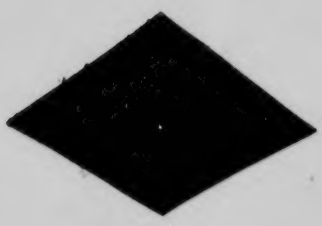
IDENTIFY ELIGIBLES

INFORM ELIGIBLES

...NEXT

ARRANGE SCREENING APPOINTMENT

If the client agrees to participate in the voluntary EPSDT program, an appointment for child screening must be made either by the client, by you, or by a screening provider. This will depend on your State's regulations. The client must, however, be able to get a screening appointment within a reasonable length of time.



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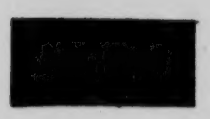


HOW DOES THE EPSDT PROGRAM WORK?

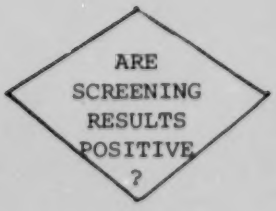
Sequence of events:

IDENTIFY ELIGIBLES

INFORM ELIGIBLES

ARRANGE SCREENING APPOINTMENT

...NEXT



If screening results are positive, child must be referred for diagnosis by screening provider.

[redacted]

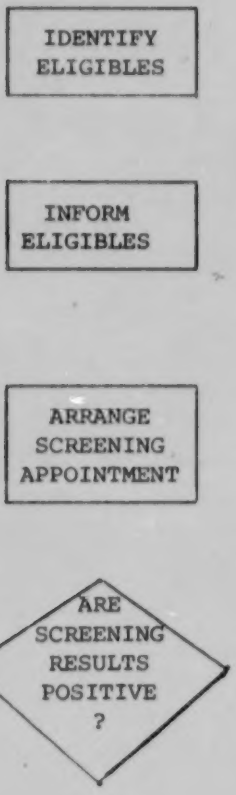
WHAT'S NEXT ?

[redacted]

[redacted]

HOW DOES THE EPSDT PROGRAM WORK?

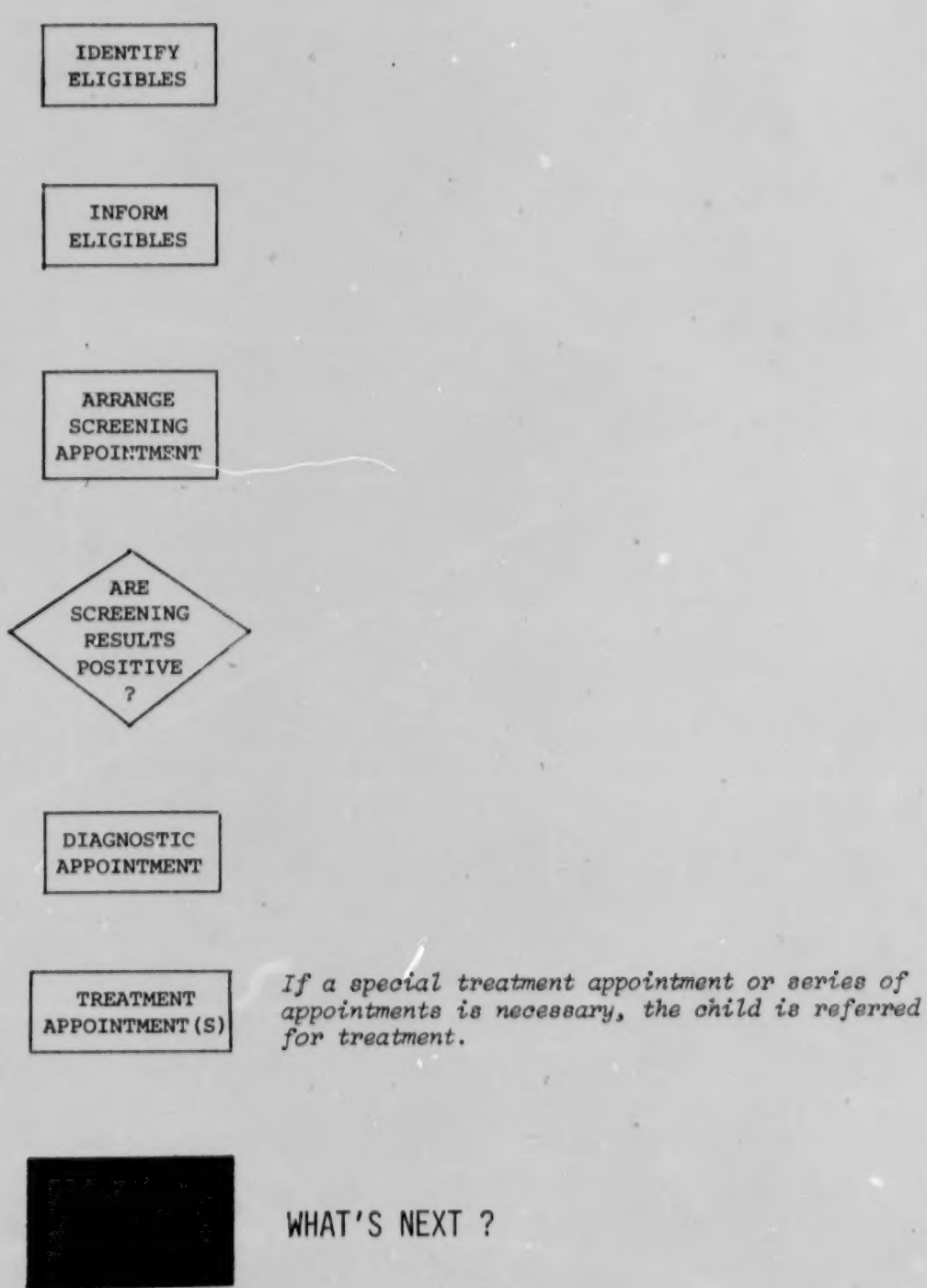
Sequence of events:



Positive screening results are confirmed, a diagnostic evaluation is made by provider, and a treatment plan is developed.

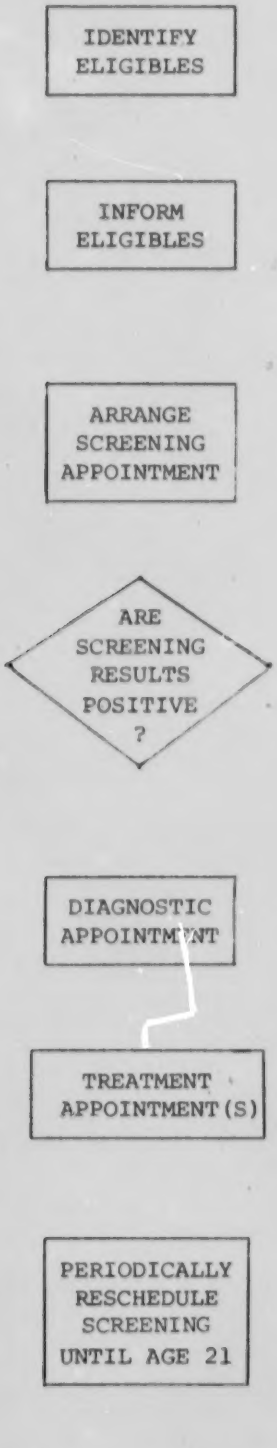
HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:


IDENTIFY ELIGIBLES
INFORM ELIGIBLES
ARRANGE SCREENING APPOINTMENT
ARE SCREENING RESULTS POSITIVE ?
DIAGNOSTIC APPOINTMENT
...NEXT
TREATMENT APPOINTMENT(S)
If a special treatment appointment or series of appointments is necessary, the child is referred for treatment.
WHAT'S NEXT ?

HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:



...NEXT

Early detection of disease or abnormality can best be achieved if the brief screening tests and procedures are repeated at specified periodic intervals during childhood and adolesence.

HOW DOES THE EPSDT PROGRAM WORK?

Sequence of events:

FIRST... **IDENTIFY ELIGIBLES**

This is usually done at the State level for families already receiving assistance. It is done at the local welfare office for newly-determined eligible families.

...NEXT **INFORM ELIGIBLES**

For those eligibles already receiving assistance, the State or local agency may send a notice about EPSDT or include a notice with the assistance check. For newly-determined eligibles, it is the responsibility of the welfare worker to personally inform the client about EPSDT. Also, some States have run television, radio, or newspaper advertisements about the program.

...NEXT **ARRANGE SCREENING APPOINTMENT**

If the client agrees to participate in the voluntary EPSDT program, an appointment for child screening must be made either by the client, by you, or by a screening provider. This will depend on your State's regulations. The client must, however, be able to get a screening appointment within a reasonable length of time.

...NEXT **ARE SCREENING RESULTS POSITIVE ?**

If screening results are positive, child must be referred for diagnosis by screening provider.

...NEXT **DIAGNOSTIC APPOINTMENT**

Positive screening results are confirmed, a diagnostic evaluation is made by provider, and a treatment plan is developed.

...NEXT **TREATMENT APPOINTMENT(S)**

If a special treatment appointment or series of appointments is necessary, the child is referred for treatment. In some cases, the same provider provides diagnosis and treatment services at the same time.

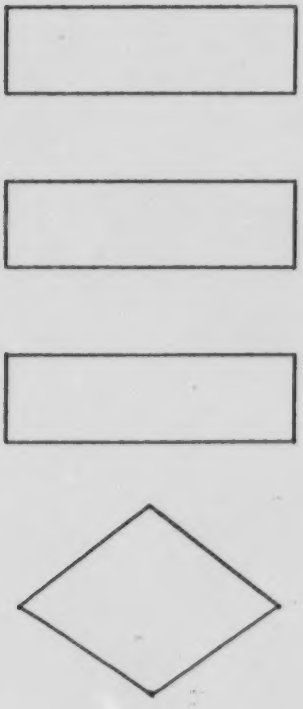
...NEXT **PERIODICALLY RESCHEDULE SCREENING UNTIL AGE 21**

Early detection of disease or abnormality can best be achieved if the brief screening tests and procedures are repeated at specified periodic intervals during childhood and adolescence. A-31

FEEDBACK EXERCISE #2

Try filling in the boxes with the events of EPSDT, in sequence:

EVENTS:

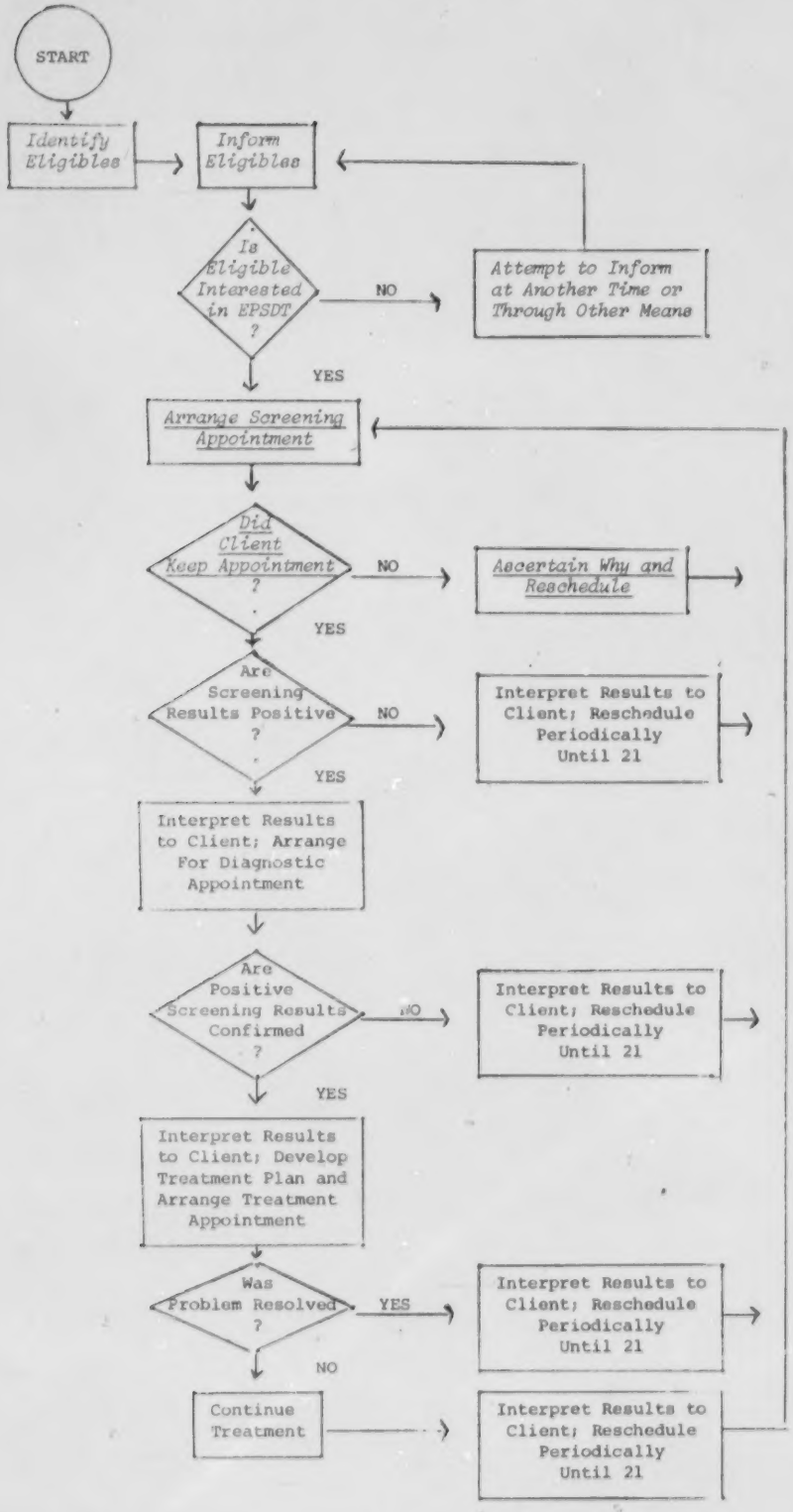


CHECK YOUR ANSWERS WITH THE PAGE BEFORE THIS!

DON'T continue on until you satisfy yourself that you can describe the events in sequence

---

On the next page, a FLOW DIAGRAM shows the events in more detail. A-32


START
Identify Eligibles
Inform Eligibles
Is Eligible Interested in EPSDT ?
NO
Attempt to Inform at Another Time or Through Other Means
YES
Arrange Screening Appointment
Did Client Keep Appointment ?
NO
Ascertain Why and Reschedule
YES
Are Screening Results Positive ?
NO
Interpret Results to Client; Reschedule Periodically Until 21
YES
Interpret Results to Client; Arrange For Diagnostic Appointment
Are Positive Screening Results Confirmed ?
NO
Interpret Results to Client; Reschedule Periodically Until 21
YES
Interpret Results to Client; Develop Treatment Plan and Arrange Treatment Appointment
Was Problem Resolved ?
YES
Interpret Results to Client; Reschedule Periodically Until 21
NO
Continue Treatment
Interpret Results to Client; Reschedule Periodically Until 21

Events listed in italics are usually the responsibility of welfare agency worker.

Events listed in italics and underlined may be the responsibility of welfare worker, outreach worker, or screening provider; this depends on your state's program.

Events which are not in italics and are not underlined are usually the responsibility of the screening provider.

EPSDT FLOW DIAGRAM

FEEDBACK EXERCISE #3

1. *The purpose of including dental screening in EPSDT is to detect those children who are in need of dental treatment.*

   True ( ) *False ( )*

2. *Name the thirteen usual components of an EPSDT screening exam.*

   a. _____

   b. _____

   c. _____

   d. _____

   e. _____

   f. _____

   g. _____

   h. _____

   i. _____

   j. _____

   k. _____

   l. _____

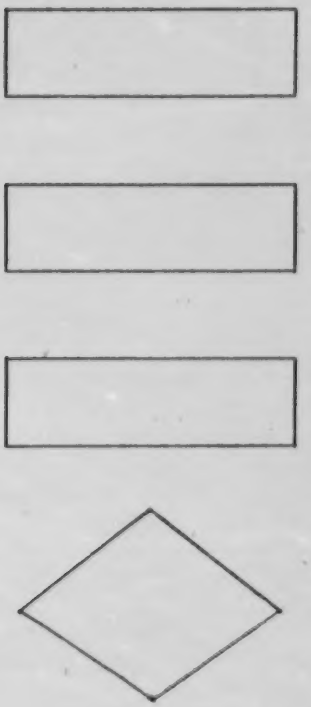
   m. _____

3. *In your own words, explain all the events, in sequence, of the EPSDT program to a co-worker (or friend) as if she was a client of yours.*

FEEDBACK EXERCISE #2

Try filling in the boxes with the events of EPSDT, in sequence:

EVENTS:



CHECK YOUR ANSWERS WITH THE PAGE BEFORE THIS!

Answers to Feedback Exercise #3

1. False
   Reason: since it can be predicted that almost all children will need definitive dental diagnostic procedures and treatment, the purpose of dental screening is

   - to assure access to dental care
   - to establish a permanent dental record
   - to periodically refer child back to dentist for evaluation and treatment

2. a. Interview
   b. Immunization Status
   c. Dental Disease Treatment
   d. Eye Problems
   e. Hearing
   f. Growth Assessment
   g. Tuberculin Sensitivity
   h. Bacteriuria
   i. Anemia
   j. Increased Lead Absorption
   k. Sickle Cell Disease
   l. Sickle Cell Trait
   m. Development

3. Refer to EPSDT flow diagram for technical accuracy. Refer to your co-worker or friend to determine whether your explanation was understandable. How long did it take you to explain? Did you hold the interest of your co-worker?

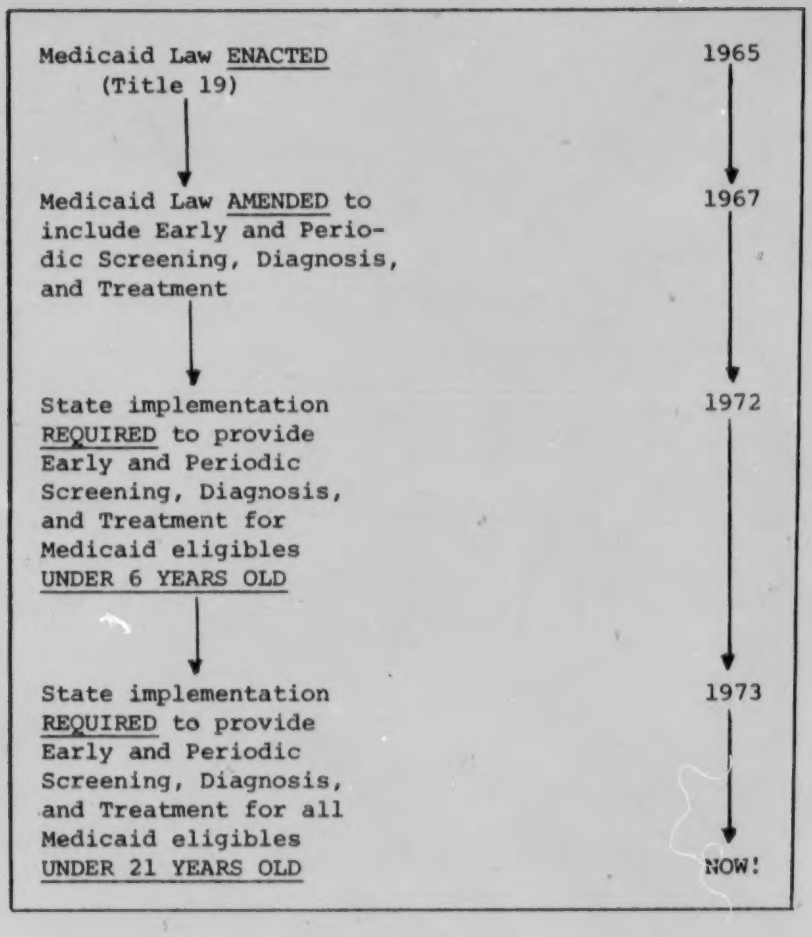
UNIT
B

AROUSING THE CLIENT'S INTEREST

WHY SHOULD YOU MARKET THE EPSDT PROGRAM?

REASON ONE: EPSDT IS A LAW

You have already learned that:


Medicaid Law ENACTED (Title 19)
1965
Medicaid Law AMENDED to include Early and Periodic Screening, Diagnosis, and Treatment
1967
State implementation REQUIRED to provide Early and Periodic Screening, Diagnosis, and Treatment for Medicaid eligibles UNDER 6 YEARS OLD
1972
State implementation REQUIRED to provide Early and Periodic Screening, Diagnosis, and Treatment for all Medicaid eligibles UNDER 21 YEARS OLD
1973
NOW!

WHY SHOULD YOU MARKET THE EPSDT PROGRAM?

REASON TWO: PREVENTIVE MEDICINE CAN BE EFFECTIVE

Can you think of some adults, perhaps friends of yours, whose lives could be better today if they had had preventive health services when they were young?

(OR)

Have you had adult clients who can't qualify for a job or who have some physical or mental limitation, and said to yourself

"If only I had contact with Mr. X or Ms. Y when they were young, I could have <u>prevented</u> this situation."

Who were these people? What were their problems?

HOW PREVENTIVE MEDICINE CAN HELP YOUNG PEOPLE MOVE UP TO A FULL LIFE

REMEMBER, you have already learned that -

EPSDT is a program of preventive health services

PURPOSE of preventive medicine:

TO

PREVENT certain diseases (or disabilities) before they occur

STOP certain diseases (or disabilities) from getting worse

CORRECT certain disabilities back to normal

MAXIMIZE a normal child's potential

THE WORKER AS CHANGE AGENT

Children from less advantaged families are known to reach adult life with high numbers of preventable health problems (medical, dental). The worker, armed with the EPSDT program, can help children with preventable health problems. Particularly with younger children, major improvements in later health, educational opportunities, or employment possibilities can result from early medical or dental intervention brought about when the worker gets children into the EPSDT program.

Illustration One: DISEASES CAN BE PREVENTED

Ms. A, a welfare client with a two month old baby girl, arrives at your welfare office for a variety of reasons (income eligibility, re-determination, social services). Would you try to market the EPSDT program to her? WHY?

Ms. Stillman, a welfare worker did! She assisted Ms. A in referring her baby for EPSDT services. Baby A received immunizations against diptheria, whooping cough, tetanus, polio, and measles. The next year there was a measles outbreak in the community, but Baby A did not get it.

Ms. Crocker, a welfare worker, was very busy that day. She decided to put off explaining EPSDT to Ms. A. Ms. A was not aware of the value and availability of immunizations, and Baby A received none. The next year Baby A caught measles during an outbreak in the community and became severely ill. She went on to get "measles encephalitis," a serious complication which attacks the brain. Baby A was left permanently retarded and blinded.

This is, of course, an overly dramatic case. Out of every 3000 kids with measles, only 3 go on to get "measles encephalitis". Two of these 3 will be left with some damage to the nervous system resulting in blindness or retardation. The fact is, however, that after a big national campaign for measles immunizations, people forget that new groups of un-immunized kids become susceptible to measles. If children are not referred for immunizations (a part of the EPSDT program) more children will get measles, and more will go on to get "measles encephalitis".

YOU CAN BE AN AGENT FOR CHANGE!

Illustration Two: DISEASES CAN BE STOPPED

Ms. Jackson, an outreach worker, was marketing EPSDT to the Davis family. Ms. Jackson was trying to convince Ms. Davis to schedule her daughter Julie (age 5) for an EPSDT screening visit. Ms. Davis said Julie was feeling fine. She had had all her immunizations and Ms. Davis didn't see why it was necessary to spend another day at the doctor's office. Ms. Jackson thanked Ms. Davis for her time and left, putting Ms. Davis's name on the list of families to visit again in the future.

Two months later, Ms. Marshall, another outreach worker, visited the Davis family because they were listed on the "re-visit" sheet. When Ms. Davis told Ms. Marshall that Julie was feeling fine and there was no need to visit the doctor, Ms. Marshall told her that some diseases may be active in the body even though there may be no pain or discomfort. Ms. Marshall explained that urinary tract infections, for example, are more common in girls than boys. Also, many girls (even young ones) with urinary tract infections feel no pain and have no symptoms. Ms. Marshall knew that the only way to detect this disease is by an easy laboratory test on the urine. If the disease is not detected and treated, it could cause permanent kidney damage. Without frightening Ms. Davis she explained that testing for this and other diseases would be done during a periodic EPSDT visit. Ms. Davis decided to schedule Julie for a visit to the doctor.

Illustration Three: DISABILITIES CAN BE CORRECTED

Mr. Walker is a welfare worker. He is concerned about the clients he has contact with. One of them is Ms. B, who has a 2 year old boy named John.

Because Mr. Walker doesn't understand the purpose of EPSDT or how it works, he is reluctant to suggest it to Ms. B. She, of course, doesn't know about the program. When John started school at age 6, 4 years later, a squint was noticed (one eye was "lazy" and turned in). His lazy eye was almost blind from disuse and it was too late to save it. He could see with his good eye, but because he had only one eye he couldn't see in 3-dimensions or perceive depth.

If Mr. Walker had realized the value of EPSDT, he might have marketed the EPSDT program to Ms. B and referred her son for screening. At the screening visit John's squint ("lazy eye") might have been detected and he would have been referred to an eye specialist. Corrective eyeglasses would have been prescribed. Also, his good eye would have been covered with a patch to force him to use his "lazy eye." When he started school, he would have been able to see perfectly with his glasses and to see in 3-dimensions.

This example used the case of "lazy eye." Other vision problems such as near-sightedness or astigmatism could also have been used. The significance of this illustration is the ultimate impact poor vision can have in later life (poor school performance, driver's license vision requirements, and certain types of jobs). These problems, if discovered early in life and treated appropriately, can usually be corrected.

YOU CAN BE AN AGENT FOR CHANGE !

Illustration Four: MAXIMIZING A NORMAL CHILD'S POTENTIAL

Ms. F has an alcoholic husband and four young children. She frequently drinks herself. Her husband is only rarely at home and she comes to the welfare office for eligibility determination.

Is EPSDT only important for children with disease

?

Ms. Cantor, a welfare worker didn't think so. She persisted in getting Ms. F to appreciate the value of enrolling her children in the EPSDT program. At the first visit, 18 month old Lisa is found to have marks on her abdomen which look like cigarette burns, and bruises on her upper arms and head. X-rays are ordered which show healing fractures of two ribs. Lisa F is reported as a case of child abuse. A child abuse team starts to investigate and work with the family while Lisa is placed in a temporary foster home. Ms. F finally gets a court order preventing Mr. F from coming to her home. With counselling, and protection from Mr. F, she feels less nervous and drinks less herself. Lisa F returns home after a few months, and shows no obvious subsequent ill effects.

Ms. Lewis, a welfare worker thought EPSDT was only for immunization and determination of illness. Baby Lisa F was never referred for EPSDT services. She is seldom seen outside the family and no one notices or reports anything suspicious. One night, Mr. F visits home, very drunk as usual, angry and violent. Lisa whines and he shakes her hard, throwing her back against a wall. Ms. F is too afraid of Mr. F to do anything except to put Lisa to bed. The next morning Lisa is found dead in bed. The medical examiner's autopsy report shows that she died of an injury to the brain. Ms. F reports finding her on the floor having fallen from her crib. The police accept this account. The next year Lisa's baby brother is admitted to the hospital with a skull fracture. He survives, but with permanent brain damage.

This illustration, of course, assumes that the screening provider discovered the cigarette burns during a physical examination. It also assumes that the foster home where Lisa stayed provided a warm and loving environment. The point of this illustration, however, is not that child abuse will always be detected during a screening examination. The point is that EPSDT screening provides an opportunity to detect child abuse and take corrective action.

YOU CAN BE AN AGENT FOR CHANGE !

FEEDBACK EXERCISE #4

1. *Give two reasons why you should market EPSDT to clients.*

   a.

   b.

2. *EPSDT is a program of preventive health services.*

   True ( ) *False ( )*

3. *The purpose of preventive medicine is to:*

   (complete the words)

   *P*_____ *certain disease (or disabilities) before it occurs*

   *S*_____ *certain diseases (or disabilities) from getting worse*

   *C*_____ *certain disabilities back to normal*

   *M*_____ *a normal child's potential*

4. *What role can you play in helping a "less advantaged" child reach his maximum potential as an adult.*

ANSWERS TO FEEDBACK EXERCISE #4

1. a. EPSDT is a law

   b. preventive medicine can be effective

2. True

3. Prevent

   Stop

   Correct

   Maximize

4. The role of CHANGE AGENT.

   By change agent, we mean that you have the opportunity (by referring children for EPSDT) of reducing the preventable health problems children from less advantaged families might have and therefore increase their educational and employment opportunities.

WHEN

SHOULD YOU MARKET EPSDT

?

WHEN TO MARKET EPSDT

Let's face it.....

Whatever our role, we do many different things during a normal business day. And our tendency is only too often to reply to an assignment of an additional responsibility by saying: "But there just isn't time!"

It may be true that our eight hour day is fixed. It is also true that there are any number of different ways to organize and make the best use of that time. Making the most of our time is particularly important when one of our tasks, marketing EPSDT, can make a real difference in the present and future lives of children. Opportunities to discuss EPSDT with people who relate to children -- mothers, fathers, grandparents and aunts -- do exist; but sometimes the connections between worker-client contacts and EPSDT aren't obvious ones. For you, the worker, it's often necessary to "accentuate the positive" (in the words of an old song), to search for clues in the many contacts you as a worker have with people which can serve as opportunities to market EPSDT.

The purpose of this section of Unit B is to assist you in your search. It will discuss the settings in which contacts relating to EPSDT can occur and list some clues you might use to identify opportunities to market EPSDT.

To identify or create an opportunity to market EPSDT, a worker needs to know his or her client.

What does it mean to "know" someone?

Do I "know" you if:

- I can match your face with your name?
- I say "hello" when we meet?
- We can talk about the weather?
- We can talk about our families?
- We can talk about what's important to us?

"Know"ing someone may take one or all of these forms. In talking about opportunities and EPSDT, "know"ing a client means having an awareness of the client's life situation, a knowledge of his or her basic needs.

It also involves recognition of the fact that things which are most important to your clients may have less importance for you. It may be necessary to take an issue of importance to a client and turn it into an opportunity to talk about matters of equal, but less immediate, importance. Preventive health services, which is what EPSDT's all about, are often at the bottom of a long list of more immediate pressing problems. So it is the worker's challenge to move good health care up the list by recognizing clues in the contacts which he or she has with clients and acting on them.

With that goal in mind, let us now turn to the settings and clues.

SETTINGS AND CLUES

Contacts between workers and clients which can relate to EPSDT can occur in a number of different settings or places.

Can you name at least three such places or settings?

a. _____

b. _____

c. _____

You're correct if you mentioned among your choices the following settings:

The Welfare Office
Over the phone
In the home
In the office of a provider (for some state programs)

It is the intent of this section of Unit B to look at these settings in turn and suggest some clues which a worker can turn into opportunities to market EPSDT.

What will we consider a clue in the various worker-client contacts which we're about to mention?

Very practically, a clue will be a piece of evidence or information which will give you, the worker, a chance to market EPSDT.

Let's take an example. Suppose that a client contacts you to tell you that an assistance check has been stolen. Would you talk to the client then about EPSDT? You might, after noting the information needed to reissue the check; but my guess is that the crisis-like nature of the contact would keep the client from thinking about much else.

O.K. If this is an instance when the "clues" would tell you not to mention EPSDT, when would there be opportunities to talk about the program? Let's turn to each of the settings.

THE WELFARE OFFICE is a common place where worker and client can get together. People come for their initial eligibility interview and for help in solving problems once they are receiving assistance.

The Interview: The elibility interview is an obvious type of contact in which to look for clues. Let's look at two of them which are set in the interview form itself.

CLUE:

request for childrens' names and ages → is an opportunity to
- ask if they've had their shots
- inquire how their general health has been
- when they've last seen a doctor

AND
- MARKET EPSDT

CLUE:

request for childrens' grade in school or occupation → is an opportunity to
- ask if they've had many absences due to health
- discover if they've been sick

AND
- MARKET EPSDT

Sometimes the client stops by with a problem which isn't pressing:

CLUE:

client seems ready to talk and mentions part of his/her life other than the problem → is an opportunity to
- explore the client's life situation
- talk about good health
- ask if aware of EPSDT

AND
- MARKET EPSDT

Now it's your turn. If you can think of any other clues related to the interview which can be opportunities to market EPSDT add them here. Be sure to indicate the "clue" you used which identified the opportunity.

CLUE: → is an opportunity to
-
-
-
-

OVER THE PHONE: Many contacts between workers and clients take place by telephone. Sometimes the calls are initiated by the worker. More often, they are received from the client.

Making an Appointment: Most client calls of the "non-crisis type" are concerned with making appointments. What are the most common clues?

CLUE:

client asks for specific information regarding health services for her children → is an opportunity to

- market EPSDT or refer the client to someone who can (Almost too obvious, but if you didn't have the resource information you might miss it!)

CLUE:

a request for an appointment for an initial eligibility interview → is an opportunity to

- ask if the client has children
- ask if the client is aware of EPSDT
- mention EPSDT basic facts

AND

- REMIND THE CLIENT TO GET FURTHER DETAILS AT THE INTERVIEW

CLUE:

request for an appointment or application for another service; for example, food stamps → is an opportunity to

- ask if the client has a family
- ask how the health of the family has been
- ask if client received printed letter about the program

AND

- MENTION EPSDT and/or REFER TO SOMEONE WHO CAN GIVE MORE DETAILS

Now it's your turn. If you've any other clues related to making appointments which can serve as opportunities to market EPSDT, add them here. Be sure to indicate the "clue" you used which gave you the chance.

CLUE:

is an opportunity to →

-
-
-
-

IN A CLIENT'S HOME: Although they occur less frequently today than in the past, workers do make some visits to client's homes.

Discussions about children: Discussions about children are obvious and natural clues. But remember, there are many different people involved with children.

CLUE:

children's names are mentioned in a conversation by their mother → is an opportunity to
- ask how their health has been
- ask if they've had check-ups recently

AND
- REFER THEM TO SOMEONE WHO CAN MARKET EPSDT

CLUE:

the topic of children mentioned in a conversation casually → is an opportunity to
- determine if the client has children
- determine how client is related to the children in question
- ask about their health

- GIVE THE CLIENT BASIC FACTS ABOUT EPSDT. ASK THEM TO PASS IT ALONG. (to do this means you need written materials. Do you have them?)

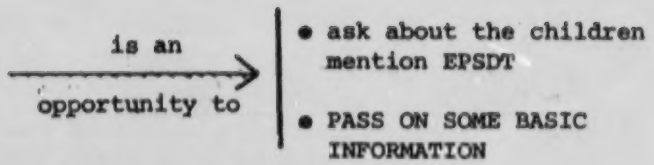
CLUE:

a child accompanies his/her parent to the office or is present during the home visit → is an opportunity to
- inquire about the child's health
- make some observations of child's eyes, hearing, walk
- ask the parent whether he/she is aware of EPSDT

AND
- MARKET EPSDT

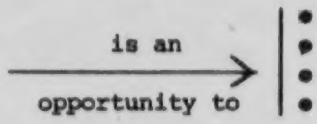
CLUE:

pictures of children are displayed about the home



Now it's your turn. If you've any clues related to children which can serve as opportunities to market EPSDT, add them here. Be sure to indicate the "clue" you used which gave you the chance.

CLUE:



IN A PROVIDER'S OFFICE: Some states have contracted out portions of the EPSDT program to private physicians or agencies. So, while you still have the job of "spreading the word" about EPSDT, all of the outreach as well as screening, diagnosis and treatment will be carried out by the provider.

The most obvious situation in a provider's office in which EPSDT might be mentioned would take place in conversations about family health. The clues would be similar to those mentioned in connection with the other three settings. You might play a part in referring the client to a physician with an EPSDT contract.

But what if you and the client speak different languages? How can an interpreter be used as an opportunity to market EPSDT?

TALKING WITH A CLIENT THROUGH ANOTHER PERSON: This is a chance to cover many topics of interest, especially if you and the client know very little of each other's tongue.

CLUE:

an interpreter is present for the contact → is an opportunity to

- inform the client about various services available, including EPSDT
- ask about family, goals, and other parts of the person's life situation
- MAKE SURE THE PERSON IS REFERRED TO SOMEONE OR SOME MATERIAL WHERE MORE INFORMATION IS AVAILABLE

Now it's your turn. If you have clues related to talking with a client through an interpreter which can serve as opportunities to market EPSDT, add them here. Be sure to indicate the "clue" you used which gave you the chance.

CLUE:

→ is an opportunity to

-
-
-
-

To sum this all up:

You're a busy person with lots to do. But with an alertness for clues, you can include mention of EPSDT as part of your daily task. You never know -- you may make a difference in someone's whole future.

FEEDBACK EXERCISE #5

1. *Three settings in which contacts about EPSDT are most likely to occur are:*

   a.
   b.
   c.

2. *What three criteria should be met before a worker can say he or she "knows" a client and can talk to him or her about EPSDT?*

   a.
   b.
   c.

3. *Define the word "clue", that which a worker must discover and utilize in marketing EPSDT.*

ANSWERS TO FEEDBACK EXERCISE #5

1. a. in the welfare office
   b. over the phone
   c. in the client's home

2. The three criteria are:

   a. an awareness of the client's life situation
   b. a knowledge of his/her basic needs
   c. recognition of differences between priorities of a client and those of a worker

3. A clue is any piece of information or evidence which can be used to identify an appropriate opportunity to market EPSDT.

HOW

To Arouse The Client's Interest

Arousing the Client's Interest

What arouses a client's interest in a preventive health program for children?

If your interest was aroused in any of the preceding sections, what aroused it?

- Was it the diseases or abnormalities which, if not detected in early childhood, could have tragic consequences in adult life?

- Was it the recognition that someone familiar to you could lead a happier life if early deformity or disability had been diagnosed and treated?

- Was it the thought that having children screened by medical personnel in early life is part of the responsibility of being a parent?

- Was it something else?

If your interest has not yet been aroused in preventive health services, what could we have done differently to arouse it? A flashy word, a catch phrase, an attractive brochure, a tour of a health screening facility? How would you approach a client to market EPSDT? Think about approaches. Write them down before continuing.

Technique 1. Most parents (or guardians or concerned relatives of children) do have a concern about the well-being of their children. Sometimes, only the purpose of EPSDT has to be explained and availability of transportation discussed for parents to be aroused enough to make a screening appointment for their children. Sometimes a brochure with the purpose and elements of EPSDT in writing is helpful, enabling the client to refer to a written description at home.

Technique 2. In other cases, parents may not realize how an EPSDT visit <u>today</u> can help assure a better life for their child as <u>an adult</u>. Sometimes this concept of delayed benefits is particularly difficult for them to understand if their child <u>seems</u> active and healthy. Without threatening parents, you should get them to understand that some diseases are not obvious in their early phase (e.g. anemia, hearing loss), even to an alert and concerned mother. The quick and simple screening procedures, however, may help to uncover <u>some</u> "hidden" illnesses.

Technique 3. You may be able to arouse a client's interest by making reference to a friend of yours, or another anonymous client, who benefited from or could have benefited from the services included in EPSDT.

BEWARE - Introducing the EPSDT program in bureaucratic jargon or professional or medical terms will not "turn the client on" to the program. The initials E-P-S-D-T will not even be remembered by the client.

Can you think of other techniques to use to arouse a client's interest in EPSDT or preventive health services?

Remember, you are marketing the concept of preventive medicine. The Early and Periodic Screening, Diagnosis, and Treatment program is only a series of procedures to provide preventive health services to children, voluntarily and free of charge.

Finally, don't be discouraged if the "client isn't sold" on EPSDT during your first "sales pitch" to her.

In the Spring of 1974, the State of Michigan evaluated the EPSDT program in Wayne County. They interviewed workers (like you) involved in EPSDT from all their welfare service programs (family services, day care, employment and training, adult services, children and youth services, etc.). The Wayne County workers found it necessary to make more than one contact with the client before being able to make the appointment for a screening exam in 36 percent of their cases. Workers mentioned the following reasons why a second or even third contact was necessary before making the screening appointment:

Reason Why More Than One Contact is Necessary Before Appointment Can be Made	Percent of Workers
First contact merely informative; often need personal visit	58%
Takes more than one visit to change the attitude of client about going, clients are unresponsive at first	18%
Not always openings at clinic when the client wishes to go	12%
Family not at home when worker tries to visit them	9%
Client changes mind about wishing to participate	3%

In addition, even if an appointment is made by client, she may not actually show at the originally scheduled time.

FEEDBACK EXERCISE #6

1. *What is it that you are marketing?*

   You are marketing the concept of preventive medicine. You are also marketing a preventive health service program called the

   _____ *and* _____ _____, _____, *and*

   _____ *program.*

2. *Who are you marketing to?*

   You are marketing to parents (or guardians) of _____ *who are under* _____ *years old who are eligible for*

   _____ _____.

3. *When should you market the program?*

   During worker-client contacts in which _____ *opportunities have been* _____ *to market the program.*

4. *Give three reasons why it may take many contacts with a client to convince her to make an EPSDT appointment.*

   a _____

   b _____

   c _____

5. *Write out a description, in five sentences, of how you would attempt to arouse the interest of Ms. Reeds, a client who never finished the eighth grade:*

ANSWERS TO FEEDBACK EXERCISE #6

1. Early and Periodic Screening,
   Diagnosis, and Treatment

2. Children
   21 years old
   medical assistance

3. Appropriate / Identified } You should market EPSDT only during appropriate opportunities during client-worker contacts.

4. Any of the following answers are appropriate:

   a. initial contact is usually only informative

   b. takes several contacts to change client's attitude about preventive health services

   c. not always screening provider appointments available when client wants to go

   d. client may change mind about going

UNIT
C

EXPLAINING YOUR PROGRAM IN UNDERSTANDABLE WORDS

ORGANIZING YOUR PRESENTATION

keep in mind that you would not be marketing the EPSDT program to your client if the situation (e.g., interview, home visit, phone call) had not been identified as appropriate to discuss EPSDT by you or another worker.

Think of your marketing presentation as consisting of three general components:

MARKETING PRESENTATION

OPENING

(transition)

EXPLANATION & FEEDBACK

(transition)

CLOSING

Let's look at each component.

OPENING

your opening will probably arise naturally from the appropriate opportunity to discuss EPSDT that you have already identified. The client may have:

- expressed concern about the health needs of her children
- or - expressed concern about potential jobs she envisions for them
- or - asked questions about the EPSDT notice she received from your State
- or - expressed interest in EPSDT when you asked her if she had received the notice about the free, voluntary preventive health program
- or - asked questions about the Medicaid program.

The transition between your OPENING and the EXPLANATION and FEEDBACK should be provided by a brief discussion of the purposes of preventive health services. Remember what they are?

Complete the words:

P_____ certain diseases (or disabilities) before they occur

S_____ certain diseases (or disabilities) from getting worse

C_____ certain diseases back to normal

M_____ a normal child's potential

Prevent certain diseases (or disabilities) before they occur
Stop certain diseases (or disabilities) from getting worse
Correct certain diseases back to normal
Maximize a normal child's potential

EXPLANATION & FEEDBACK

in your explanation of the ultimate benefits from preventive health services:

healthier adult life
more job possibilities
recreational opportunities

try to use examples or situations familiar and relevant to the client's lifestyle and situation. If the client simply nods her head, don't assume she understands. Ask her if she can think of another example of a benefit of preventive health services.

Satisfy yourself she understands the concept.

Then - describe the EPSDT program as a way to have her children receive preventive health services. Review with her the following points:

MARKETING CHECKLIST

1. need for early detection of disease or disability
2. content of a screening visit
3. fact that screening, itself, is worthless unless there are diagnostic and treatment services available (S→D→T) and that EPSDT includes all of these services
4. EPSDT is a voluntary program
5. client can still use her usual source of medical care for the screening examination that she has had for her children
6. necessity for periodically having her children re-screened, even if the first screen shows that the children are healthy
7. availability of transportation services

REMEMBER - simply saying the initials EPSDT or Comprehensive Child Health Service will probably not make an impression on the client. You must first market the concept of preventive health services.

The transition between your EXPLANATION & FEEDBACK and CLOSING should be provided by your assessment of your client's understanding the EPSDT program

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CLOSING

by now, one of three outcomes of your marketing presentation should be apparent. That is, in answer to your question:

"Would you like to make a screening appointment for your child?" the client might say:

1. "Yes, I would."
2. "No, I wouldn't."
3. "Not at the present time."

If the client says "Yes", explain to her how to arrange for an appointment or refer her to someone who can.

If the client says "No", thank her for discussing the program with you. Perhaps you can try again next time.

If the client says "not at the present time," suggest to her:

(1) you might phone her in a few days to discuss EPSDT again (if she has a phone)

(2) you might arrange for another interview to discuss EPSDT

(3) you might suggest that, if she has time, she discuss EPSDT with another worker

IMPORTANT: DON'T OVERSELL

Be sure that you do not exaggerate the benefits or purposes of EPSDT. If false expectations are held by the client, only frustration will result when she discovers there is no magic or permanent assurances of health or good job opportunities as a result of screening her children

THE USUAL QUESTIONS ASKED BY CLIENTS

1. I have been taking my children regularly to the pediatrician for years; why should I participate?

2. What's in it for me?

3. Do I have to participate?

4. Who does the screening tests?

5. How do we get there?

6. Can we use our regular doctor?

7. What do these screening tests mean?

(can you think of more questions?)

8.

9.

10.

11.

1. I have been taking my children regularly to the pediatrician for years; why should I participate?

   First, compliment client on her excellent practice of taking children routinely to pediatrician. Then, ask her what services did her children receive. Did they include those routinely and periodically included in EPSDT exams? Refer to your EPSDT program for content of screening. If the client answers "yes" to your inquiry, GREAT, no need to market anymore. Suggest to client to keep up the good work. If the client answers "no," suggest to her to ask pediatrician for the services he did not render routinely that are a part of EPSDT.

2. What's in it for me?

   Here's a cue to go over with the client the ultimate benefits of early screening, diagnosis, and treatment. Reinforce the fact that although she may be an alert and concerned mother, some diseases are not obvious in their early phases. Be sure, however, not to use fear as the motivator for participating in EPSDT. Try to get the point across that preventive services now can be effective in helping to assure a better adult life for her children later.

3. Do I have to participate?

   The client should understand that her participation in having her children screened is VOLUNTARY; it is not required for eligibility for assistance or any other welfare sercices.

4. Who does the screening tests?

   Here you must obtain an up-to-date list of participating providers in your area. If clinics, private pediatricians, group practices or mobile screening units are participating, make sure she understands the choices.

5. How do we get there?

   This is an obvious cue for transportation assistance. Be prepared to arrange for, or explain how to arrange for, transportation services. Attempt to make your explanation easy to understand and not overly burdensome for client to implement. Complicated transportation regulations could undo an excellent and successful marketing presentation by you.

6. Can we use our regular doctor?

The client should understand that she has free choice of screening provider from among those participating. If she already has a usual source of medical care for her children, reinforce the concept of a continuing medical relationship and suggest she arrange an EPSDT visit with her usual source.

7. What do these screening tests mean?

They give an indication whether child needs diagnostic and treatment services. Remember - screening is the use of quick and simple laboratory and medical procedures to detect certain diseases. You are not a physician, so don't commit yourself to a long and lengthy explanation. Be sure, however, that the client can get this question answered at the screening facility. Suggest to her that she ask this question again to the health provider who screens her children.

FEEDBACK EXERCISE #7

CAN YOU ANSWER:

The Usual Questions Asked by Clients?

1. I already bring my children regularly to the pediatrician. Why should I participate?

   ANSWER:

2. What's in it for me?

   ANSWER:

3. Do I have to participate?

   ANSWER:

4. Who does the screening tests?

   ANSWER:

5. How do we get there?

   ANSWER:

6. Can we use our regular doctor?

   ANSWER:

7. What do these screening tests mean?

   ANSWER:

HOW DID YOU DO WITH THE ANSWERS?

UNIT
D

EXPLAINING HOW TO ENTER YOUR PROGRAM

If it is your responsibility to explain to an eligible recipient how to enter the EPSDT program, you should keep in mind two assumptions:

FIRST - Either you or another worker identified an appropriate opportunity to discuss EPSDT with the client, and

SECOND - Either you or another worker has successfully marketed the EPSDT program to the client, who now wishes to arrange for a screening appointment for her child (or children).

The objectives of this unit are to help you explain to the client:

- WHOM TO MAKE THE APPOINTMENT WITH (FREE CHOICE OF CLIENT)
- HOW TO ARRANGE FOR A SCREENING APPOINTMENT
- WHAT TRANSPORTATION SERVICES ARE AVAILABLE (IF NEEDED)
- WHAT TO DO IF PROBLEMS ARISE OR MORE INFORMATION IS NEEDED

WHOM TO MAKE THE APPOINTMENT WITH

Remember, the client has free choice of screening provider.

IMPORTANT - If client has usual source of medical care for children (private pediatrician, clinic, neighborhood health center, HMO, etc.) emphasize she can maintain this relationship for EPSDT. (Determine whether provider is participating in EPSDT).

Otherwise, show client a list of participating providers near her home and let her choose provider. If you know that certain screening providers arrange appointments easily and maintain an efficient program, discuss this with client.

IMPORTANT - Be sure to get an up-to-date list of participating EPSDT providers in your area from your local or state agency office. Without such a list, don't suggest to client to make an appointment. It will only cause frustration on your part and dissatisfaction on the part of the client.

HOW TO ARRANGE FOR A SCREENING APPOINTMENT

Do you make appointment for client?

Does client make appointment?

Does provider make appointment?

Refer to your own state's EPSDT regulations to determine which procedure is followed in your state.

Suggest to client that she attempt to make an appointment at a time when she knows she and her children are usually available.

If client has a large number of children (4 or more), ask if she wouldn't prefer two appointments (2 children each visit) rather than waiting at screening provider's office for all her children to be seen.

Determine how long a usual screening visit takes (either from providers or other clients who have participated), and advise client so that she can plan accordingly.

Find out from providers what information they usually require a parent to bring to a screening visit:

- Dates of immunizations of children
- Types of immunizations of children
- Medicaid I.D. card
- Etc.

Suggest to patient to get this information together the day before the appointment and to bring this information to the screening provider.

WHAT TRANSPORTATION SERVICES ARE AVAILABLE

If you have had prior contact with the client for other services, you may already know her transportation needs.

If the client is new to you or you do not know of possible transportation difficulties, inquire about them.

IMPORTANT - Much effort and time on your part or on the part of another worker probably contributed greatly to the client's interest in having her children screened. Moreover, the client now has expectations about the preventive health program and a concern for her children's health and welfare. DON'T let difficult and confusing rules about transportation discourage the client. Be sure to determine her transportation needs and explain in easily understandable terms how to use the transportation services available and allowable.

(INSERT HERE YOUR STATE'S TRANSPORTATION PROGRAM IN SIMPLE AND EASY TO UNDERSTAND LANGUAGE)

In this space, or on a separate sheet of paper, summarize in steps easy to remember how to arrange transportation assistance. Once you've done this, you can always refer to it.

WHAT TO DO IF PROBLEMS ARISE

Problems may arise concerning the arranging of a screening appointment. Or, after your discussion with the client she may have "second thoughts" or additional questions about the EPSDT program.

Be sure to repeat your name before client leaves your interview. Also, indicate to her that she may phone you if she has additional questions. You might want to jot your name and phone number on a slip of paper for the client.

SELF-ASSESSMENT EXERCISE

(ANSWER ALL QUESTIONS BEFORE READING THE ANSWERS)

SELECT THE BEST ANSWER

1. *IN THE TITLE "MARKETING EPSDT TO CLIENTS" OF THIS MODULE, MARKETING MEANS:*

   a. explaining
   b. selling
   c. informing
   d. referring
   e. none of the above

2. *AT PRESENT, YOUR STATE IS REQUIRED TO PROVIDE (OR ARRANGE FOR) EARLY AND PERIODIC SCREENING, DIAGNOSIS, AND TREATMENT TO*

   a. Medicaid children under 6 years old
   b. Medicaid children under 21 years old
   c. Medicaid eligibles who are disabled
   d. all children in the state under 21 years old

3. *SCREENING MAY BE DEFINED AS:*

   a. The use of quick and simple procedures carried out by health professionals to sort out apparently healthy persons from those who have a disease or abnormality.
   b. The use of complex procedures carried out by health professionals to sort out apparently healthy people from those who have a disease or abnormality.
   c. The use of simple procedures carried out by health professionals to confirm diagnoses of a disease or abnormality.

4. *THE PURPOSE OF INCLUDING DENTAL SCREENING IN EPSDT IS TO DETECT THOSE CHILDREN WHO ARE IN NEED OF DENTAL TREATMENT.*

   True ( ) False ( )

5. *IN THE EPSDT PROGRAM, WHAT PROCEDURE(S) IS INDICATED IF A CHILD HAS NEGATIVE (NORMAL) SCREENING RESULTS:*

   a. refer child for diagnosis, to confirm normal screening results
   b. screen again immediately, to confirm normal screening results
   c. screen again at a pre-specified interval of time
   d. remove name of child from the list of children to be screened
   e. all of the above
   f. none of the above

6. *YOU SHOULD MARKET THE EPSDT PROGRAM BECAUSE:*

	True	False
a. Health screening can prevent diseases in children.	( )	( )
b. Governmental health programs are more effective than private health care.	( )	( )
c. EPSDT is legally required.	( )	( )
d. EPSDT compensates people for occupational illnesses.	( )	( )

7. *WHICE OF THE FOLLOWING WOULD YOU INCLUDE IN A DEFINITION OF THE PURPOSE OF PREVENTIVE MEDICINE:*

a. preventing a health problem from occurring
b. stopping a health problem from getting worse
c. correcting a health problem which has already developed
d. all of the above
e. answer (b) only
f. answer (a) only

8. *TWO OPPORTUNITIES TO MARKET EPSDT WHICH CAN BE IDENTIFIED IN THE ELIGIBILITY INTERVIEW ARE:*

a.
b.

9. *TWO ADDITIONAL SITUATIONS WHICH CAN CONTAIN CLUES TO TALK ABOUT EPSDT ARE:*

a.
b.

10. *NAME THE THREE ELEMENTS USUALLY FOUND IN A WELL-ORGANIZED EPSDT PRESENTATION GIVEN TO CLIENTS BY WELFARE WORKERS.*

a.
b.
c.

11. *HOW CAN A WELFARE WORKER SATISFY HERSELF (HIMSELF) THAT THE CLIENT UNDERSTANDS THE EPSDT PROGRAM AFTER AN EXPLANATION OF THE PROGRAM?*

a. If the client nods as the worker discusses point by point, he or she can assume the client understands.
b. Ask the client if she understands.
c. Ask questions of the client so that she must answer in her own words.
d. all of the above
e. (b) and (c) only

12. *SCREE'ING, EVEN WITHOUT DIAGNOSIS OF TREATMENT, CAN BE AN EFFECTIVE PREVENTIVE MEASURE AGAINST CERTAIN DISEASES.*

True ( ) False ( )

13. *IF A CLIENT ASKED YOU IF SHE COULD HAVE HER CHILDREN SCREENED IN EPSDT BY HER USUAL PEDIATRICIAN, WHAT WOULD YOU SAY?*

☐ "Yes, this is permitted."

☐ "No."

14. *IF A CLIENT ASKED FOR ASSISTANCE IN GETTING TO A SCREENING PROVIDER, ARE YOU ALLOWED TO OFFER TRANSPORTATION SERVICES TO HER?*

☐ Yes

☐ No

ANSWERS TO SELF-ASSESSMENT

QUESTION NUMBER	CORRECT ANSWER	RELEVANT PAGES OF TEXT
1.	b	iii
2.	b	A-3,B-3
3.	a	A-6,7
4.	False	A-20
5.	c	A-22 thru A-33
6a.	False	B-2 thru B-12
6b.	False	B-2 thru B-12
6c.	True	B-2 thru B-12
6d.	False	B-2 thru B-12
7.	d	B-6
8.	a. request for children's age b. request for children's years in school	B-18
9.	a. making an appointment b. discussions about children	B-18 thru B-23
10.	a. opening b. explanation and feedback c. closing	C-2
11.	c	C-4
12.	False	C-4

QUESTION NUMBER	CORRECT ANSWER	RELEVANT PAGES OF TEXT
13.	"Yes, this is permitted."	C-4, C-8
14.	Yes	C-4, C-7

IF YOU HAVE COMPLETED THIS MODULE, PLEASE SIGN YOUR NAME BELOW:

	NAME (signature)	DISTRICT, REGIONAL, OR AGENCY OFFICE
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If you are the last one to sign your name, please tear out this page and give it to your supervisor or trainer.

IF YOU HAVE COMPLETED THIS MODULE, PLEASE SIGN YOUR NAME BELOW:

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If you are the last one to sign your name, please tear out this page and give it to your supervisor or trainer.

END

OF

MODULE